PTO/SB/01(12-04)

Approved for use through 7/3 1/2008, OMB 061-0031 U.S. Peterd and Trademark Office; U.S. DEPARTMENT OF COMMERCE

		· · ·		ION RECOR flective Decemb	or micrographo er 8, 2004	n unives	Apolico 10/	Hon or Do	OME 22	ontrolii Number
APPLICATION AS FILED - (Column 1))	(Column 2)	AM8	SMALL ENTITY		OR .	OTHER THAN SMALL ENTITY		
FOR BASIC FEE	HUMBER FA	ED A	NUMBER EXTRA	RATE			. [411	INCL	Enilli
37 CFR 1.16(a), (b), or fell	, NA	<u> </u>	N/A	N/A	150.		.	RATE	(1)	FEE
SEARCH FEE 37 CFR 1 16(N, N; ox (m))	· N/A		NIA.	NVA.			- 1	, N/A		300.0
XAMINATION FEE 11 CFR 1.16(q), (p), or (q))	. NA		N/A	1.	\$26	0	I.	N/A		\$500
OTAL CLAMS			N/A	NVA	\$10	0	Г	N/A		\$200
OFR 1.16(1)	· · · minu	≈ 20 a	· · · · · · · · · · · · · · · · · · ·	X\$ 25 ·			t	X\$50		7200
17 OFR 1.16(10)		#3 e		X100		-1.	OR:			
PPLICATION SIZE .	If the specificati	on and drawin	ga exceed 100	1		_	_	X200	٠	·
EE 7 CFR 1.18(6))	sheets of paper is \$250 (\$125 to	M XMBBII AAIMA	fod on all		.1	- 1.			7	
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ALTIPLE DEPENDENT	35 U.S.C. 41(a)	11/0) sug 31	CFR 1.16(s).				- 1	:	- 1	
KULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II)				+180=				+360=	+	-
the difference in column	1 h less than zero.	enter 10° in colur	TIM 2.	TOTAL	1		L		-	*****
	10N AS AMENI			TOTAL	<u> </u>			TOTAL	L	
In Ta	umn 1). LAIMS	(Column 2)	(Column 3)	SMALL	ENTITY	0	R	HTO	ER T	HAN
1/1/1/ / REN	AIMS VAINING FTER YOMENT Minus Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRECENT	SMALL RATE (1) X\$ 25 X100	ADOI- TIONAL FEE (1)	OR	X\$	OTHI SMAL VATE (\$)	FEW	HAN HITY ADDI- TIONAL FEE (I)
Total AMERICAN INCOME I	AIMS WAINING FTER HOMENT Minus CFR 1.16(s)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 25 _ X100 _	-IODA- JANOTI	OR	X\$	SMAL PATE (1)	FEW	-ADDA- THONAL
1/1/1/ / REN	AIMS WAINING FTER HOMENT Minus CFR 1.16(s)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 25 X100	-IODA- JANOTI	OR	X\$ X2	SMAL PATE (1)	FEW	-ADDI- TIONAL
Total AMERICAN INCOME I	AIMS WAINING FTER HOMENT Minus CFR 1.16(s)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 25 X100 +180=	-IODA- JANOTI	OR OR	X\$ X2 +3	SMAL (\$) 50 = 000 = AL	FEW	-ADDI- TIONAL
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Total AMERICAN AMERICAN Total ATTOTAL AMERICAN APPLICATION OF FIRST PRESENTATION OF COLUMN CHA REMA AFT AMERICAN Total	ALAIMS VAINING FTER NOMENT Minus 7 CFR 1.16(s)) F MULTIPLE DEPENDE TO 1) MS IMS INING ER	HIGHEST NUMBER PREVIOUSLY PAID FOR STORY CLAIM (07-C) (Column 2) HIGHEST NUMBER	PRESENT EXTRA FR 1.160) (Column 3) PRESENT	X\$ 25 X100 +180 TOTAL ADD'L FEE	ADOI- TRONAL FEE (3)	OR OR	X\$ X2 +3 TOT	SMAL 300 = 0000 = 000 =	LEN	ADDI-
Total archanter	AIMS VAINING FTER NOMENT Minus 7 CFR 1.16(s)) F MULTIPLE DEPENDE TO 1) IMS INING IER IMENT Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR CLAIM (97 C) (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA FR 1.160) (Column 3) PRESENT EXTRA	X\$ 25 X100 180= TOTAL ADDL FEE	ADOI- TIONAL FEE (1)	OR OR OR	X\$ X2 +3 TOT	SMAL SATE (\$) 50 = 00 = AL 'L FEE TE (\$)	LEN	ADDI-
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The Highest Number Previously Paid For In This space is less than 3, while 3.

The Highest Number Previously Paid For Incial or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a barried by the public which is to life (and by the USPTO to process) an application. Combiniting the completed by 35 U.S. 0. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application four the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradsmark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.